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The current state of knowledge in breast cancer early detection outreach to underserved and multi-ethnic populations is lacking tested interventions that specifically address life-long, periodic screening, and that have been evaluated for cost-effectiveness. Based on the successes of an NCI-funded community intervention trial, the Breast and Cervical Cancer Intervention Study (BACCIS), the current study develops an adapted outreach intervention, *BACCIS-II*, a moderate level intervention, and evaluates it for cost-effectiveness in a randomized, controlled trial with a minimal intervention. The cost-effectiveness analysis will also compare these two interventions with the intensive BACCIS intervention. In the new model, volunteers known as Women's Health Advocates are recruited among organizations that serve low-income communities. We hypothesize that these WHA's, upon completion of training, will reach 500 underserved, underscreened women and demonstrate significant advances in screening adoption stage during the study period.

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ANNUAL REPORT

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INTRODUCTION

Subject and Purpose of This Research

The study "Breast Cancer Outreach for Underserved Women: A Randomized Trial and Cost-Effectiveness Analysis", *BACCIS-II* [1], addresses two major gaps in the current state of knowledge for breast cancer outreach to underserved women: 1) absence of affordable, cost-effective interventions, and 2) interventions specifically intended to improve lifelong, periodic early detection practices, as distinct from only initial or one-time screening. There is a substantial and growing literature on community outreach for early detection. Nevertheless, until these key questions are answered, the generalizability of tested interventions to communities nationwide will be limited.

While use of breast cancer screening has steadily improved nationwide, women of color and those with low socioeconomic status continue to underutilize early detection services (1), are diagnosed at later stages of the disease, and suffer lower survival rates than do more affluent and white women (2,3). Outreach, particularly among culturally diverse and poor women, requires continuous, costly, and highly labor-intensive efforts (1). Furthermore, while outreach programs to the underserved have been shown to *initiate* screening, little is known about strategies to insure *lifelong, periodic* screening. In fact, there is growing recognition that the barriers to initial screening are not the same as those that impede repeat screening (4,5), with the implication that interventions for ongoing screening also differ from those that affect one-time testing.

We have developed and are in the process of implementing an intervention that establishes breast cancer early detection outreach skills in the businesses, agencies, and organizations where low-income women live, work, and spend leisure time. The primary aim of the intervention is to provide motivation and resources not just once, but personally reinforced over time as needed by each individual. Such an ongoing *Woman to Woman* approach, anchored and enduring in the community, is expected to be the ideal formula for adherence to screening over time if it can be demonstrated to be affordable by agencies typically serving low-income communities.

The purpose of this study is to develop and evaluate an enduring model that brings the most culturally appropriate and highest quality outreach, education, resource referral, and follow-up to low income and multi-ethnic communities at costs that are affordable to the agencies who traditionally serve these communities. This will be achieved through adaptation of an effective but heretofore labor-intensive and costly model of community-based outreach. Three

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[1] The acronym "BACCIS-II" is derived from the predecessor to this research, the "Breast and Cervical Cancer Intervention Study", BACCIS, funded by the National Cancer Institute, 1991-1997. In the community, we have adapted our title and call the program the *Breast Cancer Community Information and Screening* project. In the research arena, we refer to it as BACCIS-II.

models/levels of intervention are being evaluated for cost-effectiveness: *intensive* (the original BACCIS model); *moderate*, BACCIS-*II* (the adaptation of the original BACCIS model); and a *minimal* (comparison) intervention. The research hypotheses include:

1. Women reached through the moderate, adapted intervention will make significantly greater advances in screening adoption stage than will women reached by the minimal intervention.
2. The moderate intervention will be more cost-effective than either the intensive or minimal interventions.
3. The moderate, adapted intervention will be shown to be feasible and appropriate in low-income and multi-ethnic communities.
    a. Businesses/agencies/organizations located in and/or serving low-income communities can be recruited to participate in training and to otherwise support outreach to women at risk of late stage diagnosis.
    b. Early detection knowledge and outreach/education skills of trainees will be significantly higher at the end of the training compared with initial levels prior to training.
    c. Trainees will reach target numbers of underserved/under screened women and complete outreach and follow-up.

Scope of the Research

The specific aims of this study are:

1. To test the feasibility and effectiveness of a generalizable, moderate intensity early breast cancer detection outreach model.
    a. adapt the original BACCIS outreach model for appropriateness to, and use by agencies located in and traditionally serving low-income, multi-ethnic communities.
    b. over 12 months, recruit 20 businesses/ agencies/ organizations in low-income neighborhoods to commit 80 workers/residents (4 per agency) to be trained to meet standards for knowledge, commitment, and skills in cancer screening outreach, education, resource referral, and follow-up.
    c. Reach 1600 underserved (defined here as those who have inadequate or no health insurance and/or women of color), under screened (for women 50 and over, no mammogram in past two years; for women ages 40 and over, no clinical breast exam in past two years) who, as a direct result of BACCIS-*II,* will demonstrate significant advances in adoption stage for mammography, clinical breast exam, and breast self-exam:
        - For women 40-49, this means received the overdue CBE, discussed mammography with provider, reports intention to obtain mammography in the future and to repeat screening throughout life, and demonstrates knowledge of how to obtain testing.
        - For women 50+, this means received overdue mammogram/CBE, reports intention to repeat annual tests throughout life, and demonstrates knowledge of how to obtain testing.

- For all women, adherence to BSE will mean monthly testing for at least the past three months, report of having had instruction in the correct methods, and intent to continue BSE throughout life.

2. To evaluate the cost-effectiveness per woman who increases her level of adherence in the intensive, moderate, and minimal interventions.
   - From a societal perspective that takes into account all costs and benefits regardless of who pays or receives them.
   - From an organizational perspective that includes only actual financial costs to the organization implementing the intervention.

The study population is underserved women ages 50 and over, in Contra Costa County, California who have not had a mammogram in the past two years, and underserved women 40-49 who have not had a clinical breast exam in that time frame. For the purposes of both the randomized trial and the cost-effectiveness analyses, the study outcome will be a composite adherence scale that includes mammography (for women 50 and over), clinical breast exam, and breast self exam. Adherence (maintenance) for mammography and CBE will be defined as having had the test in the past year and having the stated intention to continue throughout life; for BSE, adherence will be defined as practicing monthly for the past 3 months, and having received instruction by a provider or BACCIS class.

The intervention has two major components: community agency involvement, and training/reinforcement/support of Women's Health Leaders (WHLs), and two phases: planning and development, and implementation.

Background of Previous Work

BACCIS-*II* draws on the advances of our previous NCI-funded community research program, the Breast and Cervical Cancer Intervention Study (BACCIS), to adapt the strengths of the current approach to an intervention expected to reach far more women in a shorter period of time at much lower cost. We will test the effectiveness of this model in a randomized, controlled trial, and for the first time, evaluate the cost-effectiveness of outreach interventions including intensive, moderate, and minimal levels of intervention.

Dr. Pasick, the BACCIS-II Principal Investigator, is Co-Investigator responsible for Outreach and Process Evaluation on BACCIS . This multi-factorial, randomized, controlled intervention trial had the goal of evaluating methods to increase breast and cervical screening among underserved, African American, Chinese, Hispanic and White women in two counties, San Francisco and Contra Costa (intervention in the city of Richmond, control in Pittsburg). For outreach, we developed and tested a highly personal approach that proved very effective at reaching underserved and under screened women and assisting them toward maintenance of periodic screening. While the overall outcome of the research, differences between intervention and control from baseline to follow-up, will not be known until analyses are completed, our extensive process evaluation data on the 2237 women in the intervention contains strong

evidence of success, as described below. However, in Richmond alone, this has been at a cost of three fully salaried, lay outreach workers (Community Educators - CE's) and much of the time of a full-time graduate level Project Coordinator. In almost three years of outreach, this team has reached 1119 women, and followed up and documented significant advancement in stage among the 503 who participated in outreach follow-up. BACCIS-II is adapting the strengths of BACCIS to an intervention expected to reach far more women in a shorter period of time at much lower cost. (We use the term "reach" to mean recruited to participate, with sufficient interaction to complete a "Personal Contact Form" containing demographics and screening history, and to convey at least an initial personal educational message based on that information).

As evidence of our ability to reach truly underserved women, data from the Richmond outreach program show that 58% of BACCIS participants have no health insurance at all, and another 18% are on MediCal (Medicaid). 53% of participants are African American, 28% Latina, 14% White, and race is other or missing among 5%. Among African Americans ages 50 and over, 71% were not adhering to guidelines for mammography (fewer than 3 in the past five years) at the time of initial contact, 73% of women 40 and over were not adhering for CBE (fewer than 3 in past five years), and 90% were not in adherence for BSE (less than 1/month). The corresponding data for Latinas are 88.7% for mammography, 86.7% for CBE, and 95% for BSE. Among Whites the nonadherence rates are 59% for mammography, 58% for CBE, and 89% for BSE. While the specific indicators are measured in somewhat different ways, in general these rates are much poorer than those identified in the BACCIS baseline survey and the National Health Interview Survey for the same time period (1). As evidence of the effectiveness of our outreach intervention, among all targeted groups in Richmond, there have been statistically significant changes in mammography use among women 50 and over from initial outreach contact to most recent follow-up.

The strengths of the BACCIS approach have been the ease with which the CE's can find underserved women and their ability to have a strong and very desirable influence on women's screening attitudes and practices. The disadvantages have been the high cost of paying full-time salaries to CE's and a supervisor; the ongoing need for extensive training due to the complex nature of barriers to screening, especially access issues; the time involved in assisting women who are so fearful that they need to be accompanied to screening; and for some, there is the need for assistance in follow-up of abnormalities. BACCIS-II seeks to build on the strengths while minimizing the disadvantages.

BODY

Methods, Assumptions, and Procedures

The first year of this study was originally to be the planning and development phase, with implementation beginning in year two. However, initial recruitment of volunteers and enrollment of "subjects" (hereafter referred to as "participants") have been far slower than expected. This has resulted in what amounts to an additional year of refinement of the original

plans, with full implementation (meaning successful enrollment of participants) only occurring over the past two months . There are many reasons for this, virtually all related to the adaptations to the model and the research design. While the overall model for BACCIS-II remains as originally conceived, there have been several changes in our methods, assumptions and procedures as outlined below under the categories: I.) agency recruitment; ii) training; iii.) training assessment; iv.) volunteer motivation/incentives; v.) participant enrollment/sample size; and vi.) data base development.

We are carefully monitoring and documenting all problems and changes to insure that:

- the most effective model is developed; and
- the lessons learned are clear and reportable as outcomes of the study.

Much valuable information has been acquired in this process. Furthermore, as the progress of the past two months shows, we believe we have identified and corrected the most problematic barriers to volunteer recruitment and participant enrollment.

As described under Statement of Work, we had expected to recruit and train 20 intervention and 20 control agencies by this point in the project. The number of participants enrolled in the study was to be 800 by now in each of the intervention and control arms, accruing at an even rate over the past 12 months. In fact, we have recruited and trained a total of 22 agencies in this time period and have enrolled only 96 participants (see Appendix A, Number of Questionnaires Completed by Leaders by Month). However, it is important to note that half of these were enrolled in the past month, representing an influx that we expect to continue as a result of changes in assumptions, methods and procedures.

Agency recruitment. Our assumption that we would be able to recruit teams of 4 women in each of 40 agencies (20 to intervention and 20 to control) was an overestimation. In fact, recruitment of agencies has gone a much slower rate than anticipated. In large part, this is due to the research design which calls for recruitment of agencies followed by their random assignment to intervention or control. Agencies and businesses in low-income communities are not accustomed to being approached in this way. It took many months to refine our agency recruitment strategy and messages, and for the field staff to be comfortable with the recruitment process. We believe that this problem has now been resolved.

Another recruitment issue that has emerged is the nature of women recruited to serve as Women's Health Leaders (WHLs, for the intervention) and Community Information Leaders (CILs, for the control group). Our staff outreach workers who recruit agencies and train the volunteer WHLs and CILs (referred to as Community Educators - CEs) were initially recruiting any and all agencies that seemed appropriate (serving low-income communities and with access to women ages 50+) and interested in participating. However, many of these recruited and trained volunteers have failed to follow through. There are several reasons for this. First, not all women who meet the eligibility criteria just stated are in fact ideal for the task of outreach. Our CEs are becoming more experienced at identifying women who have the confidence, motivation,

and basic skill level to carry on the work of the WHL or CIL. Other reasons are described below, under training and participant recruitment.

The initial agency recruitment was focused on town of Richmond, where the original BACCIS took place. Our CEs were most comfortable working in that community. However, it seems that the original BACCIS was indeed very successful there and it was difficult for volunteers to find women who were age 50 and over and had not had a mammogram in the past two years. This precipitated two changes. First, we strongly encouraged more agency recruitment in the outlying parts of Contra Costa County where there has been far less activity in breast cancer screening and education. We feel that this has contributed to our increase in enrollment. The second is the change in age-eligibility for the study, described under Participant Enrollment.

In addition, the notion that we would recruit and train teams of four, so as to limit the burden of outreach for individual women trained proved to be too limiting. Many businesses and agencies in low income communities do not have 4 employees to form such a team. We adapted our approach to respond to this problem by putting together teams of 4 from different agencies or groups of individuals as needed. Furthermore, some church groups have more than 4 women who wish to participate. We were pleased to make this adaptation and thus have teams of varying sizes. This process caused delays in recruitment and training.

Training. It was planned that two agencies with four women each would be trained each month. This process too was more complicated than originally conceived. Women in low-income communities, many of whom are not employed or are not in skilled jobs, are often unaccustomed to scheduling meetings or may not be able to commit the time needed for training despite the best of intentions. Trainings have been postponed and rescheduled many times. Often women schedule and fail to make the meeting. This has required the Community Educators to put on trainings for only one or two women, drawing the entire process out considerably. There does not appear to be a ready solution to this problem.

The expected cost-efficiency of the BACCIS-II model is based in part on a very scaled back level of training, one that is sufficient to equip volunteers with the information they need to accurately inform women about the need for screening and the resources available; but also one that is not so intensive as to be excessively labor-intensive and costly. This is the critical balance that BACCIS-II seeks to strike. What we are finding, however, is that a similar degree of personal training and encouragement as was required in the original BACCIS model is needed here. In BACCIS-II, volunteers were asked to attend a two-part meeting with the CE and then go out and recruit participants. This produced very limited results such that the CEs are now following up personally by spending a part of a day with each volunteer and demonstrating how to do recruitment. This was just begun recently, and the results have been excellent, as evidenced by the number of surveys now being received an a daily basis. We hope to be able to scale back this intensive level of interaction so that the new model will still prove to be more cost-effective than the original BACCIS model.

Training Assessment Because of concerns about recruitment and enrollment, we instituted qualitative phone interviews of a sample of volunteers conducted by research assistants one month following completion of training. The purpose of this is to assess the following: volunteer motivation and comfort with the process, the quality of the training as reported by the volunteer, and the actual use of recruitment tools. In addition, we wanted to ascertain the process through which volunteers are conducting participant enrollment, and how they were motivating and assisting women to get screening. Lastly, we wanted to try to identify characteristics of volunteers most likely to be successful.

This assessment consists of two steps. First, the BACCIS II CEs are asked to complete an assessment form on volunteers at the conclusion of each training providing information about each woman's level of understanding, level of interest and enthusiasm, participation in the training session and potential motivation.

Second, trained volunteers are randomly chosen using a random number generator table. To date, from the start of this process, twelve women have been randomized for interviewing and five have been interviewed. The interview guide and a summary of results are shown in Appendix B, Volunteer Interviews.

Volunteer Motivation/Incentives. A series of newsletters have been developed and sent to volunteers on a bi-monthly basis to respond to problems reported to staff and as a source of connection and motivation. These are shown in Appendix C.

Also, the original plan called for monetary incentives in the amount of $500 to agencies in the intervention and $50 in the control. This has been adapted to increase the incentive to volunteers in the control arm to $2 / completed survey. This will not affect the study design in any way but is expected to improve the rate at which participants are enrolled in this arm of the study. In addition, we instituted a raffle to encourage all volunteers to continue enrollment. Surveys turned in are good for points toward the raffle and drawings are held when there is a total of 50 points accumulated by all volunteers. This is described in more detail in the volunteer newsletters in the Appendix.

Participant Enrollment/Sample Size. The schedule for participant recruitment has been modified based on the changes described above. Furthermore, because our volunteers are reporting difficulty in finding women ages 50 and over with no mammogram in the past two years, and because screening guidelines have changed since the initial development of this study, we have lowered the eligible age for participants to 45.

We have also reduced the target numbers for our sample. For the purpose of evaluating the impact of the intervention, the original sample size was greatly overpowered. Far fewer women were needed to demonstrate a significant improvement in screening among those in the intervention compared with the control. However, we were also interested in assessing the feasibility of a program through which large numbers of women would be screened as a result of

a moderate level of outreach effort. Furthermore, for purposes of the cost-effectiveness analysis, we wanted to reach the greatest number of women possible to realize the greatest degree of cost-effectiveness.

The original power calculations were based on a random sample of 8 women recruited by each agency who would be interviewed 14 months after the initial contact. The main effect of the intervention is to be tested using a paired t-test on the difference between the intervention and control member of each pair of agencies in the proportion adhering to mammography screening. When the adherence rate of the control group is 10%, a difference of 20 percentage points can be detected at a level of 5% with at least 80% power. Only 15 intervention and 15 control agencies are needed to detect this difference when the correlation between responses within an agency is 0.1, yielding a variance inflation of 70% in an unmatched design. In fact, the variance inflation due to cluster sampling will be considerably less due to the matched pairs design.

Thus, for evaluation of the effectiveness of the intervention alone, we only need 8 women per agency in 15 intervention and 15 control agencies, for a total of 120 women in each study arm. We could further reduce the number needed by interviewing 5 women per agency in 20 intervention and 20 control agencies, for a total of 100 women in each study arm. (This is possible because reducing the number of women per agency reduces the effect of intra-agency correlation.)

Now that the pace of enrollment has begun to pick up (see Appendix A), we have set our goals lower than originally planned, but for the purpose of assessing feasibility and cost-effectiveness, we will not go as low as the statistical power calculations will permit. We are now aiming to recruit 1000 women overall, 500 in each arm of the study.

Data Base Development. While we had anticipated the need for tracking volunteer and participant activity, it became clear that the most systematic approach to oversight of materials and personnel activity could best be done using a computer database. This resulted in the development of the BACCIS II database, a FoxPro database consisting of eight tables and fourteen reports. The database is designed to electronically store client questionnaire and follow-up data as well as community agency and leader information. The database associates each client with the volunteer who recruited her into the study.

The database system produces various reports that assist the PI and the community educators with the everyday aspects of the intervention. Currently in use are reports indicating the total number of questionnaires and follow-up forms that are returned on a monthly basis (e.g., Appendix A), reports that indicate the follow-up status of the clients in the intervention, listings of the agencies that are enrolled in BACCIS II, listings of community leaders and information regarding their training, listings of the agencies and the community leaders associated with that agency, and mailing labels. Another report is used to help maintain the leaders' momentum of

enrolling clients into the study; it is designed to anticipate when leaders will need more materials such as questionnaires and follow-up forms (for sample reports and tracking forms, see Appendix D).

The database system is also used to assist with one aspect of the incentive program established for BACCIS II. The database is designed so that volunteers accumulate points based on the number of questionnaires that they have returned within a given month. The more points an individual accumulates the greater are her chances of winning a raffle. When the leaders cumulatively accumulate 50 points, the database runs a raffle and prints a report. Each raffle report includes the current winner and her address as well the names and addresses of other women who were included in the raffle but who did not win.

Results and Discussion

At this stage of the research, consideration of results is not yet applicable.

Recommendations in Relation to Statement of Work

As described above, much has been learned in the development of the BACCIS-II model. This does not change the overall aims or approach of the study. The greatest changes that have been the result of this learning process are those in the time line and the target numbers. Ultimately, we continue to expect to complete this study on time, within budget, and having met the aims of the study.

Technical Objectives 1a - c:
Test feasibility and effectiveness of a moderate intensity outreach intervention

Task 1. - Adaptation and pre-testing of BACCIS model	complete
Task 2. - Develop and pre-test baseline questionnaire (See Appendix E for questionnaire and follow-up form)	complete
Task 3. - Recruit 20 businesses/agencies/organizations (Intervention arm numbers only)	due to reduction of target numbers, 15 agencies will be recruited; for completion by month 30
Task 4. - Train 80 Women's Health Leaders (originally by month 9 -- also intervention arm numbers only)	60 will be trained by month 30
Task 5. - Reach, obtain completed baseline questionnaires, and conduct outreach and follow-up to 1600 women in the intervention arm (months 10 - 40) this	250 women will complete process by month 40
Tasks 6 -8 - Data collection and analyses	Will proceed on schedule

Technical Objective 2: Evaluate cost-effectiveness of three levels of intervention
Tasks 9-14 On schedule (see Cost-Effectiveness Analysis Progress Report, Appendix F)

CONCLUSIONS

Preliminary conclusions regarding feasibility of developing and implementing this intervention will be forthcoming as the intervention proceeds. Final conclusions will be made at the completion of the study in year four.

REFERENCES

1. Hiatt RA, Pasick RJ. The unsolved problems in early breast cancer detection: Focus on the underserved. Breast Cancer Res Treat 40:37-51, 1996.
2. American Cancer Society. Cancer Facts & Figures for Minority Americans 1991. American Cancer Society, Atlanta, GA, 1991.
3. Baquet CR, Ringer K, Pollack ES, Young JL, Horm JW. Cancer among blacks and other minorities: Statistical profiles. In: NCI, NIH Pub. #86-2785. Bethesda, MD, 1986.
4. Jepson C, Rimer BK. Determinants of mammography intentions among prior screenees and nonscreenees. J Appl Soc Psychol 1993;23:40-51.
5. Smith RA, Haynes S. Barriers to screening for breast cancer. Cancer 1992;69:1968-1978.

Appendix A.

NUMBER OF QUESTIONNAIRES COMPLETED BY LEADERS, BY MONTH, IN LEADER ID ORDER

page break on leader ID

BACCIS II

06/26/1998

NUMBER OF QUESTIONAIRES COMPLETED BY LEADERS BY MONTH, IN LEADER ID ORDER

(note: this report does not include followups)

		jan	feb	mar	apr	may	jun	jul	aug	sep	oct	nov	dec
CIL's													
C03 Hall*, Helen	Total Questionnaires	0	1	0	0	1	0	0	0	0	3	0	0
	Total Qualified Portion	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**3**	**0**	**0**
C07 Wunderlich*, Renate	Total Questionnaires	0	2	0	0	0	0	0	0	0	1	4	0
	Total Qualified Portion	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**0**
C12 Davis, Clara	Total Questionnaires	0	0	0	0	0	1	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
C22 Wilson, Bonnie	Total Questionnaires	0	0	0	0	0	2	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**
C23 Brooks, Rita	Total Questionnaires	0	0	0	6	2	3	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**5**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**0**
C26 Williams, Deborah	Total Questionnaires	0	0	0	0	0	5	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**5**	**0**	**0**	**0**	**0**	**0**	**0**

* WHL = Intervention Group Leaders
CIL = Control Group Leaders

Note: Combined years are accumulated in the monthly totals

BACCIS II

NUMBER OF QUESTIONAIRES COMPLETED BY LEADERS BY MONTH, IN LEADER ID ORDER

(note: this report does not include followups)

		jan	feb	mar	apr	may	jun	jul	aug	sep	oct	nov	dec
WHL's													
W01 Beitzel, Nohemi	Total Questionnaires	0	0	0	0	1	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W02 Mendez, Olga E.	Total Questionnaires	0	0	1	0	0	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W03 Gonzalez, Esperanza	Total Questionnaires	0	0	3	3	0	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**3**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W05 Franco, Margarita	Total Questionnaires	0	0	1	0	9	4	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**1**	**0**	**9**	**4**	**0**	**0**	**0**	**0**	**0**	**0**
W12 Torrez, Obdulia	Total Questionnaires	0	0	0	0	1	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W14 Bravo, Graciela	Total Questionnaires	0	0	0	0	0	1	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
W27 Calderon*, Maria L.	Total Questionnaires	0	0	1	0	0	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W29 Daniels*, Joan	Total Questionnaires	0	0	0	0	0	0	0	0	0	1	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**
W30 Scott, Charlene	Total Questionnaires	0	0	0	0	0	2	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**
W32 Webster*, Pearl	Total Questionnaires	1	0	0	3	0	0	0	0	0	0	0	0
	Total Qualified Portion	**1**	**0**	**0**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W36 Yates, Donna	Total Questionnaires	0	0	0	0	0	9	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**9**	**0**	**0**	**0**	**0**	**0**	**0**

Note: Combined years are accumulated in the monthly totals

BACCIS II

NUMBER OF QUESTIONAIRES COMPLETED BY LEADERS BY MONTH, IN LEADER ID ORDER

(note: this report does not include followups)

		jan	feb	mar	apr	may	jun	jul	aug	sep	oct	nov	dec
W38 McClain, Barbara	Total Questionnaires	0	0	0	0	0	5	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**5**	**0**	**0**	**0**	**0**	**0**	**0**
W39 Holly, Karen	Total Questionnaires	0	0	0	0	2	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W42 Perez, Maria	Total Questionnaires	0	0	0	1	0	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W44 McGuire, Eleanor	Total Questionnaires	0	0	0	0	1	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W45 Ruiz, Bertha	Total Questionnaires	0	0	0	0	1	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W46 Lopez, Elvira	Total Questionnaires	0	0	0	0	1	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W51 Pacini, Monica J.	Total Questionnaires	0	0	0	0	0	11	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**11**	**0**	**0**	**0**	**0**	**0**	**0**
W52 Arias, Elsa Novoa	Total Questionnaires	0	0	0	0	0	2	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**
	Grand Total All Questionnaires	1	3	6	13	19	45	0	0	0	5	4	0

rv1.1

Note: Combined years are accumulated in the monthly totals

Appendix B.

VOLUNTEER INTERVIEWS

PRELIMINARY SUMMARY OF VOLUNTEER INTERVIEWS

WHL ID #	Agency/Unit	Recruit (Y/N)	Difficult / Easy	Why?	# to Contact	# Complete Quest.	# Invite mammogram	How recruited women	Feeling
WHL 027		N	Difficult/ wm underage	She doesn't get out much	4	0	4	explain importance of caring for breasts, body and where to go	Feels she is helping others
WHL 026		N	Difficult	Women are not willing to participate, and are hard to find	2	0	0	Runs into them, asks, but wm. are not willing	Feels good b/c helping them
WHL 007		N	Difficult	Number changed, women already have mammograms. WHL injured her arm. B/C of injury it has been hard to paperwork	10	0	4	Church, friends	Not giving her best b/c of arm injury and she had problems contacting
WHL 028		N	NA	No time, husband ill	NA	NA	NA	NA	NA
WHL 010		NA	NA	NA	NA	NA	NA	NA	NA
WHL 003		NA	NA	NA	NA	NA	NA	NA	NA
WHL 004		N	Difficult	No reason	6	0	0	Talking to women, 5 of 6 already had mammograms	Feel okay
WHL 001		Y	Easy, however hard to not go outside the established circle	No response	15 - 20	1	1	Talk to a whole lot of women. Accustomed to <50, professional women. No immediate need for mammogram	Good Program. Got women interested in thinking about mammograms

PRELIMINARY SUMMARY OF VOLUNTEER INTERVIEWS

Difference Y/N	Why difference	Talk about a/b/c/d/e	Comments	Use pins/posters	Useful?	How used?	Successful ?	Like about program	What can be done better?
Y	not all wm know where to go	a,b,c,d,e	finding right place to go especially for Spanish speaking	Y	Y	Keep on key chain, wears pin	Y	Help me know what to do when I get that age, helping others	Nothing
Y	A lot b/c helping them in a way	a,b,c,d,e	Lot don't want to participated but she will keep trying	Y	Y	Puts them on, they make her more legitimate.	Y	To help people	Nothing
Y	b/c telling them to watch their health	a,b,c,d,e	NA	N	Y	cannot use, had problems putting them out	Y, hasn't been able to fulfill	Good to get people in the community to help each other	Nothing
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
No	Could not elicit a response	a,b,c	women not interested in talking or have recently gone for mammogram	Y	Y	Pin on herself and on packet	N, can't get any	Like b/c so many black women have not gone to get mammogram. The info needs to get out here so that these women can be saved.	Nothing
Y	By talking about it women are more aware. Talking about mammograms has been good. Important to discuss not putting of longer than should. Insurance plays a role in women response	b,d(posses questions on how they feel about topic)	Discussion, talking about the information more than before. She has been trying to push the professional women, especially on in particular.	Y/N, Poster is up. Some will read it. When asked, the women have already had their mammogram.	Y	Pins, wore initially. haven't worn for a while	Y, Find reminding more important. Recruited one. If <50, she has informed them that they should have.	Talking w/someone associated with you , not foreign makes more comfortable	Limitation on the >/= 50 yrs limit. also found that women 80+ or 90 don't see the value of having mammogram.

PRELIMINARY SUMMARY OF VOLUNTEER INTERVIEWS

Newletter received?	What remembered	Useful	Additional comments
Y	Patient win prizes	Y	NA
Y	Cant' remember	Y	NA
No	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	Passed on this. Someone else is doing.
NA	NA	NA	Non- contact
N, don't recall	NA	NA	
Don't recall	No	NA	

Interviewers Initials: _____

Interview Date: _____

Women's name: _____

Phone Number: _____ ID number: WHL _____

Training date(s) #1 _____ #2 _____

Record of Call attempts:

Date called	Time called	Contacted	Message Left	Call back	Comments
1.		☐	☐	☐	
2.		☐	☐	☐	
3.		☐	☐	☐	
4.		☐	☐	☐	
5.		☐	☐	☐	
6.		☐	☐	☐	

Hello, I am Lorlelei Lee-Haynes, a Student from SJSU working with the Northern California Cancer Center, where Mirna and Wanna work. I am calling some of the Women's Health Leaders (WHL) who are participating in the BACCIS study to find out how the program is going for each them. You were chosen at random as one of the WHL's to call. I wondered if you have about **15 minutes** to answer some questions?.

IF YES: Great, Let's get started.

IF NO: Is there another time or day that would be better for you?

If Yes: [Document time and enter the new information in the Comments section above.]

If No: [Inquire as to why and document in the Discussion notes below]

_____

[Capture the answers to the questions listed below and record below any additional comments provided by the WHL. In addition, for questionable responses, probe by asking "can you explain what you mean?" or "how so?", etc.]

Interviewers Initials: _____

Interview Date: _____

---

1. Since the training have you been able to recruit any women? ☐ YES ☐ NO

   a) Has it been *easy* or *difficult* to recruit the number of women you needed?
   [Record below any additional comments provided by the WHL]
   ☐ Easy ☐ Difficult

   b) Why do you think it was *easy* or *difficult* to recruit the women you needed?
   [Record below any additional comments provided by the WHL]

   c) Can you recall how many women you've had to contact? ☐ YES ☐ NO
   [Record below any additional comments provided by the WHL]

   How many? _____

   d) How many women have completed questionnaires so far? _____
   [Record below any additional comments provided by the WHL]

   e) How many women have you invited to have a mammogram so far? _____
   [Record below any additional comments provided by the WHL]

   f) How have you recruited the women you needed?
   [Record below any additional comments provided by the WHL]

2. How do you feel about doing what you are doing?
[Record below any additional comments provided by the WHL]

a) Do you think you can make (or are making) a difference in these women's lives?
☐ YES ☐ NO

b) Why do you think are you can make (or are making) a difference?
[Record below any additional comments provided by the WHL]

3. When you talking with women about mammograms, which of these do you find yourself doing more:

a) Giving information? ☐ YES ☐ NO

b) Trying to get them to go get screened? ☐ YES ☐ NO

c) Providing support ☐ YES ☐ NO

d) Answering questions ☐ YES ☐ NO

e) Additional comments

4. Have you been able to use the posters and pins provided to you during the training sessions?
☐ YES ☐ NO

a) Have you found them useful? ☐ YES ☐ NO

b) How have you used them?
[Record below any additional comments provided by the WHL]

5. Do you feel you have been able to successfully "recruit, refer and remind?"

☐ YES ☐ NO

[Record below any additional comments provided by the WHL]

6. What do you like best about this program?

7. What do you think could be done better?

Ms _____, I would like to thank you for your time and for answering these questions. Your comments are appreciated.

Appendix C.

NEWSLETTERS

BACCIS

Woman to Woman saving lives
De Mujer a Mujer salvando vidas
婦女携手保康健

BREAST CANCER COMMUNITY INFORMATION & SCREENING Volunteer News

Vol. I, No. I | January - February 1998

ANNOUNCING
The BACCIS Raffle!!!

NEW WAY TO WIN WITH BACCIS

We really appreciate the work you're doing to help BACCIS help women. To show our appreciation and to add more fun to the program, we're announcing the BACCIS Raffle.

Once you are trained and start finding women who are 50 and over with no mammogram in the past 2 years, *you are automatically entered.* Here's how it works:

- ♦ When you find your first woman and send in her survey, you automatically earn **5** points.
- ♦ For every survey you send in after that, you get **1** point.
- ♦ When the points from all the BACCIS

Get Your Name in the Newspaper

Volunteers who have recruited 5 women by the end of March will be congratulated by name in the Contra Costa Times in April!

BACCIS Tip For the Month

This month's TIP comes from Connie. She recommends physical activity or exercises such as walking or joining an exercise class as a way to relax your body and help you let go of tension and worries.

BACCIS Volunteers are the BEST...BEST...BEST

As a BACCIS volunteer, you and the work you're doing are so important. Thanks again for all your time, effort, commitment, and caring. Together we can save lives.

BACCIS

Woman to Woman saving lives
De Mujer a Mujer salvando vidas
婦女携手保康健

BREAST CANCER COMMUNITY INFORMATION & SCREENING Poder Para Voluntarias

Vol. I, No. I

Enero - Febrero 1998

¡ANUNCIANDO La Rifa BACCIS!

UNA NUEVA MANERA DE GANAR CON BACCIS

Nosotros apreciamos el trabajo que usted esta haciendo para ayudar a BACCIS a ayudar señoras. Para demostrarle nuestro agradecimiento y hacer el programa más divertido, estamos anunciando la rifa BACCIS.

Una vez que usted haya recibido el entrenamiento y comienze a encontrar señoras de 50 años o más que no hayan tenido un mamograma en los últimos 2 años, usted entrará en la rifa automáticamente. Así es como la rifa trabaja:

- Cuando usted encuentre la primera señora y nos mande el cuestionario, usted automáticamente ganará 5 puntos.
- Por cada cuestionario que usted nos mande después de ese, usted ganará 1 punto.
- Cuando los puntos de todas las voluntarias

Obtenga Su Nombre en el Periódico

Las voluntarias que hayan registrado 5 mujeres al final del mes de Marzo, serán felicitadas por su nombre en el Contra Costa Times en Abril!

El Consejo de BACCIS Para Éste Mes

Éste mes nuestro consejo viene de Connie. Ella recomienda actividad física como caminar o una clase de ejercicio como una manera de relajar tu cuerpo y ayudarte a sacar la tensión nerviosa y las preocupaciones.

Las Voluntarias BACCIS son las MEJORES...MEJORES...MEJORES

Como una voluntaria de BACCIS, usted y el trabajo que esta haciendo son muy importantes. Gracias

Woman to Woman saving lives
De Mujer a Mujer salvando vidas
婦女携手保康健

BREAST CANCER COMMUNITY INFORMATION & SCREENING **Volunteer News**

Vol. 1, No. 3 May - June 1998

✳✳ JUNE ✳✳

IS DOUBLE POINTS MONTH

WE ARE LOOKING FOR LOTS OF SURVEYS IN JUNE, SO BACCIS IS OFFERING DOUBLE POINTS. THAT MEANS THE MORE SURVEYS YOU SEND IN, THE MORE CHANCES YOU HAVE TO WIN IN THE BACCIS RAFFLE.

Raffle Winners!!!

Congratulations to Esperanza Gonzalez and Margarita Franco, our first raffle winners! They each won a $25 gift certificate to Target.

How Do You Earn Raffle Points?

1. Wear your pin
   - this makes it easier to find and talk to women
2. Ask all the women you see if they've had their mammogram
   - there are lots of them who need a mammogram
3. Get surveys filled out
   - women don't have to promise to get a mammogram to fill out a survey....they just need to be overdue
4. Earn points
   - your first survey is worth 5 points
   - every survey after that earns 1 point
   - every time we get to 50 points (from everyone) we have a drawing. Your surveys earn double points in June...this means more chances to win.

BACCIS welcomes volunteers from the United Council of Spanish Speaking Organizations

Left to right: Eleanor McGuire, Aurelia Cardenas, Bertha Ruiz, Chissell Gutierrez, and BACCIS Community Educator Mirna Alvarado

From time to time, our newsletter will recognize different volunteers. Please let us know if you or your team would like to be featured.

BACCIS (510) 374-7175

Woman to Woman saving lives
De Mujer a Mujer salvando vidas
婦女携手保康健

BREAST CANCER COMMUNITY INFORMATION & SCREENING **Boletín para voluntarias**

Vol. 1, No. 3 Mayo - Junio 1998

✳✳ JUNIO ✳✳

ES EL MES DE DOBLE PUNTOS

QUEREMOS MUCHOS CUESTIONARIOS EN JUNIO, POR ESO BACCIS ESTÁ OFRECIENDO DOBLE PUNTOS. QUIERE DECIR QUE MIENTRAS MÁS CUESTIONARIOS USTED NOS MANDE, MÁS PROBABILIDADES TIENE DE GANAR LA RIFA DE BACCIS.

¡Ganadoras de la Rifa!

Felicidades a Esperanza González y a Margarita Franco, inuestras primeras ganadoras de la rifa! Cada una de ellas ganó un certificado de regalo para Target.

¿Cómo Gana Usted Puntos Para La Rifa?

1. Use su broche/prendedor
   - esto le facilitará conocer y hablarle a mujeres
2. Pregunte a todas las mujeres que usted encuentra si ya obtuvieron un mamograma
   - hay muchas mujeres que necesitan un mamograma
3. Llene cuestionarios
   - las mujeres no necesitan prometer que se harán un mamograma para llenar el cuestionario...solo necesitan no haber tenido uno en los últimos dos años
4. Gane puntos
   -su primer cuestionario vale 5 puntos
   -cada cuestionario después del primero vale 1 punto
   -cada vez que nosotros llegamos a 50 puntos (entre todas) hacemos una rifa. Sus cuestionarios ganan doble puntos en Junio... quiere decir más probabilidades de ganar.

BACCIS le da la bienvenida a las voluntarias del United Council of Spanish Speaking Organizations

De izquierda a derecha: Eleanor McGuire, Aurelia Cardenas, Bertha Ruiz, Chissell Gutierrez, and BACCIS Community Educator Mirna Alvarado

De vez en cuando, nuestro boletín reconocerá a diferentes voluntarias. Por favor déjenos saber si usted o su equipo le gustaría ser reconocido.

BACCIS (510) 374-7175

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BREAST CANCER COMMUNITY INFORMATION & SCREENING
Volunteer News

☆SPECIAL NEWS☆

FOR COMMUNITY INFORMATION LEADERS

YOU CAN GET $2 FOR EVERY SURVEY YOU SEND IN.

When we have received 5 surveys from you, we will send you a gift certificate to Target or money order worth $10. (And there's a lottery too...the more surveys you send in, the better chance of winning).

So help yourself while you're helping your community.....have fun, earn money and most of all, help the fight against breast cancer!

REMEMBER.....NO STAMPS ARE NEEDED WHEN SENDING IN SURVEYS
THE POSTAGE IS ALREADY PAID!!!!!

QUESTIONS OR PROBLEMS? CALL BACCIS:

WANNA WRIGHT
MIRNA ALVARADO
COMMUNITY EDUCATORS
(510) 374-7175

BACCIS

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De Mujer a Mujer salvando vidas

婦女携手保康健

BREAST CANCER COMMUNITY INFORMATION & SCREENING

Boletín Para Voluntarias

☆NOTICIAS ESPECIALES☆

PARA LÍDERES DE INFORMACIÓN COMUNITARIA

USTED PUEDE OBTENER $ 2.00 POR CADA CUESTIONARIO QUE NOS MANDE.

Cuando nosotros recibamos 5 cuestionarios de usted, le mandaremos un certificado de regalo para Target con un valor de $ 10.00. (Y también hay una lotería...mientras más cuestionarios nos mande, más posibilidades tiene de ganar).

Ayúdese mientras ayuda a su comunidad...diviértasè, gane dinero y lo más importante de todo, ayude a luchar contra el cáncer del seno!

RECUERDE...NO NECESITA SELLO POSTAL CUANDO NOS MANDE LOS CUESTIONARIOS EL SELLO POSTAL YA ESTA PAGADO!

PREGUNTAS O PROBLEMAS? LLAME A BACCIS:

WANNA WRIGHT
MIRNA ALVARADO
EDUCADORAS COMUNITARIAS
(510) 374-7175

BACCIS

Woman to Woman saving lives
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婦女携手保康健

BREAST CANCER COMMUNITY INFORMATION & SCREENING Volunteer News

☆SPECIAL NEWS☆

FOR WOMEN'S HEALTH LEADERS

REMINDER: YOU CAN GET $5 FOR EVERY SURVEY + FOLLOW-UP FORM YOU SEND IN.

Every time you recruit a woman and send in a survey for her, then call her again and send in a follow-up form, you will earn a $5 money order or gift certificate to Target. Once each month, we will mail the amount you have earned.

1 WOMAN'S SURVEY + 1 FOLLOW-UP FORM = $5
TO YOU!!!!!

Why are follow-up forms so important to us?
Because we need to know if *"Recruit, Refer, Remind"* is working.

(And there's still a lottery too...the more surveys you send in, the better chance of winning a prize). So have fun, earn money, and most of all, save lives!

REMEMBER.....NO STAMPS ARE NEEDED WHEN SENDING IN SURVEYS OR FORMS THE POSTAGE IS ALREADY PAID!!!!!

QUESTIONS OR PROBLEMS? CALL BACCIS:

WANNA WRIGHT
MIRNA ALVARADO
COMMUNITY EDUCATORS
(510) 374-7175

BACCIS

Woman to Woman saving lives

De Mujer a Mujer salvando vidas

婦女携手保康健

BREAST CANCER COMMUNITY INFORMATION & SCREENING Poder Para Voluntarias

☆NOTICIAS ESPECIALES☆

PARA LÍDERES DE SALUD FEMENINA

RECORDATORIO: USTED PUEDE OBTENER $5.00 POR CADA CUESTIONARIO Y LA FORMA DE SEGUIMIENTO QUE USTED NOS MANDE.

Cada vez que usted registre a una señora y nos mande el cuestionario, después llamarla de nuevo y mandarnos la forma de seguimiento, usted ganará $5.00 en cheque o certificado de regalo para Target. Una vez al mes, le enviaremos la cantidad que usted ha ganado.

1 cuestionario + 1 forma de seguimiento = $5.00 para usted!

Por qué las formas de seguimiento son tan importantes para nosotros?
Por que nosotros necesitamos saber si "Registrar, Recomendar, Recordar" esta trabajando.

(Y también hay una lotería...mientras más cuestionarios nos mande, mas posibilidades tiene de ganar un premio). Diviértase, gane dinero, y más que todo , salve vidas!

RECUERDE....NO NECESITA SELLO POSTAL CUANDO NOS MANDE CUESTIONARIOS O FORMAS EL SELLO POSTAL YA ESTA PAGADO!

PREGUNTAS O PROBLEMAS? LLAME A BACCIS:

WANNA WRIGHT
MIRNA ALVARADO
EDUCADORAS COMUNITARIAS
(510) 374-7175

Appendix D.

SAMPLE REPORTS & TRACKING FORMS

BACCIS II

06/25/98

AGENCY LISTING BY AGENCY NAME

Code	Agency Name	Address	City	Zip	Phone
3	LULAC				
2	Bay Pt LFSC				
4	Familias Unidas				
5	RSD Biling. Office				
6	Carmen's Lace & Crafts				
7	Nevin Plaza				
8	Contra Costa College				
9	CCC Senior Services				
10	Crescent Park				
11	Sass n Class (BJs Salon)				
12	Antioch Baptist Church				
13	CynZells Beauty Salon				
14	Diane Ave. Church of Christ				
15	Easter Hill UMW				
16	Pittsburg UMC				
17	St. Peter CME				
18	Group 3				
19	Group 4				
20	Group 2				
1	Pitt. Latino FSC				
21	UCSSO (Casa Hispana)		Brentwood		
22	Group 1 (Healthy Start)				

BACCIS II

NUMBER OF QUESTIONAIRES COMPLETED BY LEADERS BY MONTH, IN LEADER ID ORDER

(note: this report does not include followups)

		jan	feb	mar	apr	may	jun	jul	aug	sep	oct	nov	dec
WHL's													
W01 Beitzel, Nohemi	Total Questionnaires	0	0	0	0	1	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W02 Mendez, Olga E.	Total Questionnaires	0	0	1	0	0	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W03 Gonzalez, Esperanza	Total Questionnaires	0	0	3	1	0	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**3**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W05 Franco, Margarita	Total Questionnaires	0	0	1	0	8	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**1**	**0**	**8**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W12 Torrez, Obdulia	Total Questionnaires	0	0	0	0	1	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W27 Calderon*, Maria L.	Total Questionnaires	0	0	1	0	0	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W29 Daniels*, Joan	Total Questionnaires	0	0	0	0	0	0	0	0	0	1	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**
W32 Webster*, Pearl	Total Questionnaires	1	0	0	3	0	0	0	0	0	0	0	0
	Total Qualified Portion	**1**	**0**	**0**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W42 Perez, Maria	Total Questionnaires	0	0	0	1	0	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W44 McGuire, Eleanor	Total Questionnaires	0	0	0	0	1	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
W45 Ruiz, Bertha	Total Questionnaires	0	0	0	0	1	0	0	0	0	0	0	0
	Total Qualified Portion	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Note: Combined years are accumulated in the monthly totals

BACCIS II: Training dates for leaders

06/24/1998

Leader ID	Last name, first	Training Date #1	Training Date #2 (for WHLs only)
C19	Adams, Mozelle	04/06/199	/ /
W49	Aleala, Alejandra	04/23/199	04/30/199
W52	Arias, Elsa Novoa	03/04/199	06/02/199
W04	Ayala, Ana	02/11/199	03/18/199
W06	Ayala, Maria I.	02/11/199	03/18/199
W09	Barajas, Carolina	02/11/199	03/18/199
W01	Beitzel, Nohemi	02/11/199	03/18/199
W35	Bratton, Barbara	10/02/199	10/16/199
W14	Bravo, Graciela	02/23/199	03/17/199
W34	Breckenridge, Daphne	10/02/199	10/16/199
C23	Brooks, Rita	04/11/199	/ /
C01	Browne, Magdalena	04/02/199	/ /
C11	Bush, Margie	01/14/199	/ /
C18	Byrd, Etta	04/10/199	/ /
W27	Calderon*, Maria L.	02/12/199	03/13/199
C25	Calhoun, Marie	/ /	/ /
W47	Cardenas, Aurelia	04/23/199	05/19/199
W53	Colchero, Amparo	/ /	/ /
W37	Coleman, Valarie	/ /	/ /
W29	Daniels*, Joan	09/08/199	09/15/199
C12	Davis, Clara	01/30/199	/ /
C24	Delorefice, Maureen	/ /	/ /
C15	Dowdell, Cathy	/ /	/ /
C06	Finley, Love	09/28/199	/ /

RANDOMIZATION AND PACKET ASSIGNMENT FORM

From:

VOLUNTEER		LANG		RANDOMIZATION			PACKET	
Group/ Agency	Name/Address/Phone (please print)	Span	Eng	Date	WHL	CIL	Date Assigned	#
	Name Address Phone							
	Name Address Phone							
	Name Address Phone							
	Name Address Phone							

Date faxed to Mary Sue: _____ Date faxed to Richmond: _____ Date faxed to MS:_____

(5/6/98)

CIL Tracking Form

Staff _____

Agy/Bus _____
Address _____

Name/Phone	Volunteer form	Randomized	Orientation	Packet Request	Packet/Trng	Mailing List	Thank You Card	Weekly Calls (1st Month)	Q's & L's	Calls/Visits to/from	Pts.	Inc.

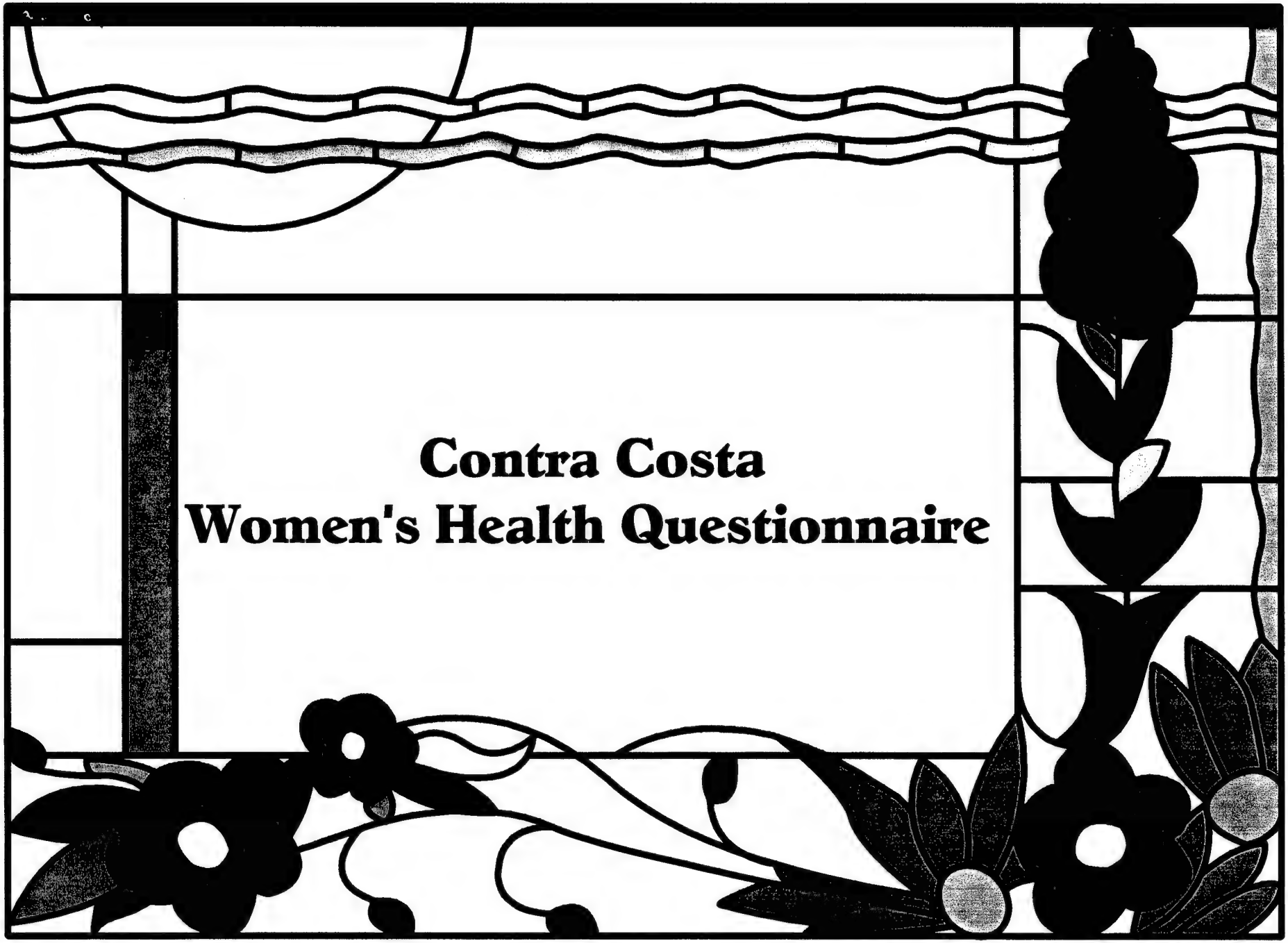
WHL Tracking Form

										Volunteer form
										Randomized
										Packet Request
										Orientation
										Packet #
										Pretest
										Pt 1 Trng
										Pt 2 Trng
										Pt 3 Trng
										Trng Log
										Assessment
										Mailing List
										Thank You Card
										Weekly Calls (1st Month)
										Q & L's
										Follow-up forms
										Doctor appts.
										Mammograms
										Calls/visits to/from
										Pts.
										Inc.

Staff _____

Appendix E.

BASELINE QUESTIONNAIRE & FOLLOW-UP FORM


Contra Costa
Women's Health Questionnaire

CONTRA COSTA

WOMEN'S HEALTH QUESTIONNAIRE

1. HAVE YOU HAD A MAMMOGRAM IN THE LAST TWO YEARS? (A mammogram is an x-ray of the breasts using a machine that presses the breast.)	NO	YES
2. ARE YOU 50 YEARS OLD OR OLDER?	YES	NO
3. CAN WE CALL YOU TO TALK ABOUT MAMMOGRAMS?	YES	NO

IF YOU CIRCLED ALL THESE ANSWERS, WELCOME TO OUR PROGRAM. PLEASE COMPLETE THE QUESTIONNAIRE.

THANK YOU FOR YOUR HELP.

THANK YOU FOR YOUR TIME!!!

BACCIS2.QUE (1/8/98)

BACCIS VOLUNTEER PLEASE COMPLETE:

YOUR NAME_____ DATE_____ BACCIS ID#_____

4. WHY HAVEN'T YOU HAD A MAMMOGRAM IN THE LAST TWO YEARS?
(PLEASE CHECK ALL THAT ARE RIGHT FOR YOU)

- ☐ My doctor didn't tell me to get one
- ☐ I don't need it at my age
- ☐ I am worried about the cost
- ☐ I don't have insurance
- ☐ I'm too busy to get a mammogram
- ☐ I don't have a doctor
- ☐ I don't have a place to go
- ☐ I don't have a way to get there
- ☐ I have no one to take care of my children
- ☐ The appointment takes too long
- ☐ The doctor doesn't speak my language
- ☐ I need a translator
- ☐ I'm just not worried about breast cancer
- ☐ Mammogram x-rays are dangerous
- ☐ A mammogram might hurt or be uncomfortable
- ☐ I didn't like the mammogram I got before
- ☐ I am afraid of finding something wrong
- ☐ It is embarrassing to have that kind of exam
- ☐ I don't need a mammogram because I'm healthy
- ☐ Doctors don't understand women of my race
- ☐ I am worried that the x-ray technician might be a man
- ☐ I forgot to make an appointment
- ☐ My husband doesn't want me to
- ☐ Getting a mammogram is just too much trouble
- ☐ Other reason **(Please Explain)**: _____
  _____

5. Before today, had you ever heard of a mammogram? ☐ YES ☐ NO

6. Have you ever had a mammogram?

☐ YES → **If YES:**
When did you have your last mammogram?
_____ MONTH _____ YEAR
How many mammograms have you had in the last 5 years?
_____ NUMBER OF MAMMOGRAMS

☐ NO

7. Do you plan to have a mammogram in the next 12 months? ☐ YES ☐ NO

BACCIS ID #_____

8. Do you know where to go if you wanted a mammogram this month? ☐ YES ☐ NO

9. When you go to the doctor, do you have to pay with your own money?
☐ YES ☐ NO ☐ Only when my MediCal or Medicare doesn't cover it

9A. Is there one doctor that you usually see when you are sick or need a check-up? ☐ YES ☐ NO

10. Here are things people sometimes say about mammograms.
Do you AGREE or DISAGREE? (There are no right or wrong answers.)

	AGREE	DISAGREE
a. I don't need a mammogram if I have had a breast exam from a doctor or a nurse	☐	☐
b. Mammograms can lead to breast surgery that is not needed.	☐	☐
c. I would have a mammogram if my doctor told me that it's important.	☐	☐
d. I won't have a mammogram if it takes more than an hour to get there.	☐	☐
e. Having a mammogram every year will give me a feeling of control over my health.	☐	☐
f. I will only get a mammogram if I have a breast problem..	☐	☐
g. Mammograms are a very common medical test.	☐	☐
i. It will be good for my family if I have a mammogram.	☐	☐
j. Regular mammograms give you peace of mind about your health.	☐	☐
k. A mammogram is just a good way to take care of yourself.	☐	☐
l. A woman should get a mammogram even if there is no breast cancer in her family.	☐	☐
m. Mammograms work best when you have one every year.	☐	☐
n. Mammograms are safe.	☐	☐
o. I am too busy to have a mammogram.	☐	☐
p. Mammography is not a useful test for women my age.	☐	☐
q. Mammograms cost too much for me.	☐	☐

BACCIS ID #_____

ANSWER YES OR NO FOR EACH CHOICE.

11. These are questions about health insurance. **Do you have:**

a. MediCal (from the government)	☐ YES	☐ NO
b. Medicare (from the government for people 65 and older)	☐ YES	☐ NO
c. Health insurance that you, your family, or your employer pays for [Name of Company: _____]	☐ YES	☐ NO
d. Basic Adult Care (BAC from Contra Costa County)	☐ YES	☐ NO
e. Contra Costa Health Plan	☐ YES	☐ NO
f. Foundation Health Plan	☐ YES	☐ NO

12. NAME_____

13. ADDRESS_____

CITY _____ STATE _____ ZIP_____

PHONE _____ 14. DATE OF BIRTH _____

15. What is your race/ethnicity? _____

16. In case you move to a new address or we are unable to reach you, who can we call to learn how to reach you?

PERSON'S NAME_____

PERSON'S PHONE #_____

What is this person's relationship to you? _____

THANK YOU FOR YOUR HELP!

Appendix F.

COST-EFFECTIVENESS ANALYSES PROGRESS REPORT

COST-EFFECTIVENESS ANALYSIS PROGRESS REPORT, 6/26/98

TIMELINE IN PROPOSAL

We are on track with our proposed timeline for Years 2 & 3. The tasks proposed were to obtain cost and effectiveness data, develop the analytical model, and input the data. We have focused a great deal of effort on defining the research questions and the approaches to be used in measuring costs and effectiveness. We have collected data on the costs and effectiveness of BACCIS-I and collected preliminary data on costs for BACCIS-II.

In Year 3, we will finish the CEA for BACCIS-I and continue collecting data from BACCIS-II. Specifically, we will continue working with the BACCIS team to refine the measures of effectiveness to be used and to obtain the relevant data. When this is completed, we will finish revising the CEA of BACCIS-I. For BACCIS-II, we will determine how to calculate the value of volunteer time since this is an important component of the costs from a societal perspective.

ACTIVITIES

Defining the Research Questions

The purpose of this analysis is to examine the cost-effectiveness of two interventions to increase mammography screening among underserved women. Our primary research question is:

(1) What is the relative cost-effectiveness of an intensive intervention (BACCIS-I) and a moderate invention (BACCIS-II-intervention group), as compared to a minimal intervention (the control group in BACCIS-II)?

We decided to also examine a secondary research question, which is:

(2) What is the cost-effectiveness of an intensive intervention compared to current screening rates (as measured by a random household survey in BACCIS-I)?

We were most interested in comparing the *relative* cost-effectiveness of an intensive, moderate, or minimal intervention to increase screening. Therefore, we focused on defining and measuring costs and outcomes as similarly as possible in BACCIS-I and II in order to examine the relative costs and outcomes of the three different interventions. This proved to be a challenge since there were numerous differences between BACCIS-I and II: the eligible populations were different, BACCIS-I included other interventions, the activities measured in BACCIS I & II were not designed to be compared, and data from BACCIS-I were obtained before BACCIS-II was designed. We therefore had to make several adjustments to our analysis to make the interventions comparable. We are also using several different approaches to defining costs and effectiveness in order to capture the full costs and benefits of the interventions.

Estimating the Costs of the Interventions

We examined several different approaches to measuring costs, all of which had strengths and weaknesses. From a conceptual perspective, our goal was to measure the resources required to contact women and assist them in obtaining screening. Since we had to retrospectively obtain cost data for BACCIS-I, we were faced with the challenge of reconstructing these resource costs. The approach that proved to be most relevant and feasible for this study was a micro-costing or "bottom-up" approach where we measured the value of time spent by key staff in implementing the intervention. The key staff estimated what percentage of time was spent on various activities in BACCIS-I. These personnel costs represent the key difference in costs between BACCIS-I and II, and therefore this approach allows us to examine the

relative differences in the interventions. The limitation of this approach is that it does not fully capture other expenses that are attributable to the intervention. These other expenses, such as rent and materials, are difficult to prorate appropriately since BACCIS-I involved a number of other interventions and populations. However, these costs are similar in BACCIS-I and II and therefore are unlikely to affect the results.

Table 1 lists the key activities, percentage of time spent by key staff, and the value of that input for BACCIS-I. For the analysis of the cost-effectiveness of BACCIS-I, we will exclude the costs of research since they are not relevant to the intervention. For the analysis of the cost-effectiveness of BACCIS-I vs. II, we will exclude the costs of research and also the costs for follow-up of abnormal exams since this activity was not part of the BACCIS-II intervention.

Table 2 lists the same information but for BACCIS-II. These data will continue to be collected.

We also calculated a cost per woman contacted in BACCIS-I, since this provides useful comparative information. There were 3205 contacts in BACCIS-I. Of these contacts, 60% were by phone and 40% were in-person (20% of contacts were both phone and in-person or unknown, so these were allocated equally to phone and in-person contacts). Since data were not collected on the amount of time spent per contact, three key investigators estimated the time spent for a typical case and a range for easy and difficult cases (excluding follow-up of abnormals). These estimates revealed that the key factor in determining the time spent was whether the contact was made by phone or in-person. We used the median time spent for our baseline estimates and the ranges for sensitivity analyses.

These costs were calculated as follows:

Cost per phone contact = [median time per phone contact * value per minute (annual salary and fringe benefits/(2000 hours *60 minutes per hour) = 120,000 minutes)]
= (10 minutes * .325) = $3.25 per phone contact
Range = 2-25 minutes = $0.65-$8.13 per phone contact

Cost per in-person contact = (median time per in-person contact * value per minute)
= (40 minutes * .325) = $13.00 per in-person contact
Range = 15-60 minutes = $4.88-$19.50 per in-person contact

Total costs of direct contacts = [cost per phone contact * (total no. contacts/percentage phone contacts) + (cost per in-person contact * (total no. contacts/percentage in-person contacts)]
= [$3.25 * (3205 *.60)] + [$13.00 * (3205 * .40)]
= $6250 + $16,666 = $22,916

Since the typical woman had an average of two phone contacts and one in-person contact, the staff spent approximately one hour with a typical woman in encouraging her to obtain screening and following-up.

Estimating the Effectiveness of the Interventions

The measurement of effectiveness is complex because of the difficulties in determining the appropriate comparison group (whether to use data from the household survey baseline or follow-up survey data), the multiple outcomes measured (number of women screened, changing stage, and achieving maintenance), and the multiple sources of data obtained (data from personal contact forms and household surveys). We therefore discuss these issues at length. Below is our approach to defining the effectiveness of BACCIS-I.

For all approaches, we only included women in Richmond over age 45 who had not had a mammogram within two years at the start of the intervention in order to compare these results to BACCIS-II.

We will calculate the effectiveness of BACCIS-I using two approaches:

(1) Number of women screened as a direct result of the intervention (based on data from personal contact forms) compared to the number of women screened without the intervention (based on results from the baseline household survey in Richmond). This approach provides a more realistic measure of the effectiveness of the intervention than if we assumed that no women would have been screened without the intervention.

(2) Number of women achieving maintenance as a direct or indirect result of the intervention. We will compare women's stages pre-intervention in Richmond and Pittsburgh (the control city) to women's' stages post-intervention in Richmond and Pittsburgh. This measure of effectiveness therefore considers community-level changes in Richmond, not just changes in the women directly participating in the intervention, as well as the ongoing rates of screening occurring without the intervention.

BACCIS I Costs, 6/25/98	1992		1992-93		1993-94		1994-95		1995/96	
ACTIVITIES	% FTE	TOTAL	% FTE	TOTAL	% FTE	TOTAL	% FTE	TOTAL	% FTE	TOTAL
Women's Health Leader (n=1)	0.0		0 0			22,299		31,219		10868
Finding agencies					15%	$3,345	10%	$3,122	10%	$1,087
Finding eligible women (insured)					10%	$2,230	10%	$3,122	5%	$543
Finding eligible women (uninsured)					30%	$6,690	35%	$10,927	40%	$4,347
Follow-up of abnormal exams					15%	$3,345	10%	$3,122	5%	$543
Training of staff					10%	$2,230	5%	$1,561	5%	$543
Record keeping					5%	$1,115	10%	$3,122	15%	$1,630
Material development					5%	$1,115	5%	$1,561	5%	$543
Presentations & events					5%	$1,115	10%	$3,122	10%	$1,087
Research					5%	$1,115	5%	$1,561	10%	$1,087
Total Women's Health Leaders (n=3)	0.0		0 0			$66,897		$93,657		$32,604
Finding agencies						$10,035		$9,366		$3,260
Finding eligible women (insured)						$6,690		$9,366		$1,630
Finding eligible women (uninsured)						$20,069		$32,780		$13,042
Follow-up of abnormal exams						$10,035		$9,366		$1,630
Training of staff						$6,690		$4,683		$1,630
Record keeping						$3,345		$9,366		$4,891
Material development						$3,345		$4,683		$1,630
Presentations & events						$3,345		$9,366		$3,260
Research						$3,345		$4,683		$3,260

	1992		1993		1994		1995		1996	
ACTIVITIES	% FTE	TOTAL	% FTE	TOTAL	% FTE	TOTAL	% FTE	TOTAL	% FTE	TOTAL
Supervisor		*$22,318*		*51134*		*42139*		*55247*		*55286*
Planning	30%	$6,695	20%	$10,227	10%	$4,214	10%	$5,525	5%	$2,764
Development	20%	$4,464	20%	$10,227	10%	$4,214	5%	$2,762	5%	$2,764
Implementation	0%	$0	30%	$15,340	40%	$16,856	45%	$24,861	25%	$13,822
Supervision	0%	$0	20%	$10,227	30%	$12,642	30%	$16,574	25%	$13,822
Recruitment	30%	$6,695	0%	$0	0%	$0	0%	$0	0%	$0
Administration	20%	$4,464	10%	$5,113	10%	$4,214	10%	$5,525	40%	$22,114
TOTAL	$419,282	$22,318		$51,134		$109,036		$148,904		$87,890
TOTAL (excluding research)	$407,994	$22,318		$51,134		$105,691		$144,221		$84,630
TOTAL (excluding f/u of abnormal exams & research)	$386,963	$22,318		$51,134		$95,657		$134,855		$82,999
GRAND TOTAL (excluding f/u of abnormal exams & research) ($1998)	$434,498									
GRAND TOTAL (excluding f/u of abnormal exams & research) ($1998, annual))	$86,900									

BACCIS II Costs, 6/24/98	6/96-12/96			1/97-6/97			7/97-12/97			1/98-6/98		
ACTIVITIES	% FTE	VALUE OF TIME	TOTAL	% FTE	VALUE OF TIME	TOTAL	% FTE	VALUE OF TIME	TOTAL	% FTE	VALUE OF TIME	TOTAL
Women's Health Leader (WW)	*50% (6 months)*	*$37,171*	*$9,293*	*50% (6 months)*	*$37,171*	*$9,293*	*50% (6 months)*	*$37,171*	*$9,293*	*80% (6 months)*	*$37,171*	*$14,868*
Finding agencies	40%		$3,717	25%		$2,323	15%		$1,394	10%		$1,487
Planning & development (non-research)	10%		$929	15%		$1,394	20%		$1,859	10%		$1,487
Translation	0%		$0	0%		$0	0%		$0	0%		$0
WHL Training	0%		$0	0%		$0	15%		$1,394	15%		$2,230
WHL follow-up	0%		$0	0%		$0	5%		$465	15%		$2,230
Record keeping	0%		$0	0%		$0	3%		$279	5%		$743
Research: Identifying control agencies	40%		$3,717	25%		$2,323	15%		$1,394	10%		$1,487
Research: Planning & development	10%		$929	10%		$929	15%		$1,394	5%		$743
Research: Questionnaire development/testing	0%		$0	25%		$2,323	0%		$0	0%		$0
Research: CIL training	0%		$0	0%		$0	5%		$465	10%		$1,487
Research: CIL follow-up	0%		$0	0%		$0	5%		$465	15%		$2,230
Research: Recordkeeping	0%		$0	0%		$0	2%		$186	5%		$743
Women's Health Leader (MA)	*50% (6 months)*	*$37,171*	*$9,293*	*50% (6 months)*	*$37,171*	*$9,293*	*50% (6 months)*	*$37,171*	*$9,293*	*80% (6 months)*	*$37,171*	*$14,868*
Finding agencies	40%		$3,717	10%		$929	15%		$1,394	10%		$1,487
Planning & development (non-research)	10%		$929	10%		$929	15%		$1,394	10%		$1,487
Translation	0%		$0	45%		$4,182	45%		$4,182	5%		$743
WHL Training	0%		$0	0%		$0	0%		$0	25%		$3,717
WHL follow-up	0%		$0	0%		$0	0%		$0	15%		$2,230
Record keeping	0%		$0	0%		$0	0%		$0	5%		$743
Research: Identifying control agencies	40%		$3,717	10%		$929	15%		$1,394	10%		$1,487
Research: Planning & development	10%		$929	5%		$465	10%		$929	5%		$743
Research: Questionnaire development/testing	0%		$0	20%		$1,859	0%		$0	0%		$0
Research: CIL training	0%		$0	0%		$0	0%		$0	5%		$743
Research: CIL follow-up	0%		$0	0%		$0	0%		$0	5%		$743
Research: Recordkeeping	0%		$0	0%		$0	0%		$0	5%		$743
Supervisor (PD)	*100% (6 months)*	*$61,908*	*$30,954*	*100% (6 months)*	*$61,908*	*$30,954*	*100% (6 months)*	*$61,908*	*$30,954*	*100% (6 months)*	*$61,908*	*$30,954*
Planning and Development	50%		$15,477	45%		$13,929	45%		$13,929	20%		$6,191
Implementation	0%		$0	20%		$6,191	20%		$6,191	40%		$12,382
Supervision	20%		$6,191	10%		$3,095	10%		$3,095	25%		$7,739
Administration	10%		$3,095	10%		$3,095	10%		$3,095	10%		$3,095
Research	20%		$6,191	15%		$4,643	15%		$2,089	10%		$619
TOTAL			$49,540			$49,540			$49,540			$60,691
TOTAL excluding research			$35,915			$36,068			$41,224			$48,920
GRAND TOTAL	$209,309											
GRAND TOTAL (excluding research)	$162,127											
GRAND TOTAL (excluding research) (1998 $)	$166,601											
GRAND TOTAL (excluding research) (1998 $, annual)	$83,300											